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minced into twenty pieces, and each piece will survive and presently become a full-grown amoeba; the hydra will endure a similar mutilation with almost equal immunity; the angle-worm may be cut in halves, and the anterior half, at least, will survive. As we ascend in the scale we find less and less tolerance of mutilation, until we reach the highest order, the *primates*. But which of the two great divisions of this order is the higher—the *bimana* or the *quadruped*? Applying the principle just laid down, and recalling the results of the recent experiments, we are irresistibly forced to a most unwelcome conclusion.

EDWARD P. JACKSON.

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#### THE CLOSING DOOR OF QUACKERY.

ONE of the most interesting volumes ever issued by medical authorities is the recent "Report of the Illinois State Board of Health on Medical Education and Practice." Former reports have been confined to medical education and practice in the United States and Canada. The report for 1891 includes the medical schools, institutions, and laws of all countries. While the comparison is not altogether favorable to the United States, the outlook in this country is more encouraging than ever before, both as regards the adoption of higher standards by the medical colleges and the more intelligent and efficient control of medical practice by the different States.

Since the organization of the first State government on American soil the door of quackery has stood open, and the ignorant and poor have been at the mercy of designing and unscrupulous men calling themselves doctors. The first laws passed in this country were too rigid, as a rule, and could not be enforced, and scarcely anything was done to protect the health, lives, and property of the people against these people until fifteen years ago. Forty-one States and territories now have laws in regard to the regulation of the practice of medicine, forty of these laws having been passed since January 1, 1875. Some of these laws are now inoperative, and, if operative, would be inefficient. The States that have no laws for regulating the practice of medicine are Kansas, Maine, Massachusetts, Rhode Island; Utah has no law, and the Creek Nation, in the Indian Territory, has no law. The existing laws are entirely or practically inoperative in Arkansas, the District of Columbia, Maryland, Ohio, and Texas.

In many of the States and territories the law requires a person wishing to practise medicine to register his diploma in a county clerk's office. Such a law is obviously inefficient, because a fraudulent diploma can be registered under it. So with regard to laws requiring that the diploma recorded shall be that of a "legally-chartered" medical college. Some of the worst and most fraudulent colleges that have existed in this country were "legally chartered." Twenty-three States and territories now have efficient laws, under which the State Board of Health or the State Board or Boards of Medical Examiners (1) give certificates on diplomas of medical colleges "in good standing," or examine applicants that have not such diplomas; or (2) examine all applicants for the license, irrespective of diplomas. Of these laws eight were passed in 1889 and 1890.

The total number of medical colleges embraced in the new report of the Illinois board is 316, of which there are or have been in the United States 294 and in Canada twenty-two. Of the 316, the total of the extinct schools is 168, of which 159 were in the United States and nine in Canada. There are now 135 medical schools in the United States and thirteen in Canada. Of the

159 extinct schools of the United States twenty-three were fraudulent. There are now in existence twelve colleges or institutions known to be fraudulent—simply diploma-mills. One each of these is in New Hampshire, New Jersey, and Washington, two in New York, three in Vermont, and four in Ohio; and there is another in Ohio that may as well be classed as fraudulent.

But they that believe in higher medical education and in protecting the people against swindlers claiming to be doctors, as well as against half-educated men with diplomas, have much cause for rejoicing. In the past ten years the duration of the annual lecture terms has been extended from 23.5 weeks to 26.3 weeks, and the number of schools having sessions of six months or more has increased from forty-two to 111. In the same time the percentage of graduates to matriculates has fallen in the United States from 32.7 to 30.1. In Canada this percentage is 23+ for 1890, the highest for ten years. With the session of 1882-83 the Illinois schedule of minimum requirements for the colleges went into effect, and the number of matriculates in this country was immediately diminished. In 1881-82 the number was 12,452; it went steadily down to 10,987 in 1884-85, when it began to rise again, and in 1889-90 it was 14,884.

It is a noticeable fact that the loss of students when the Illinois schedule went into effect was, as a rule, felt most severely by the schools having low standards of entrance and graduation. Before the session of 1883-84 there were but forty-five medical colleges in this country that exacted educational qualifications as a requirement for matriculation; now there are 129. Before 1883-84 twenty-two colleges required attendance on three or more courses of lectures; the number is now eighty-five.

In the near future the figures will be still better. So many colleges have made provision for three courses of lectures, four years' study and three courses of lectures, or four courses of lectures, that there are now but twenty-one colleges that require only two courses and have made no provision for longer study. It may be predicted that in five years every college in this country will have adopted the requirement of four years' study and three courses of lectures. What has been done is the result, mainly, of the work of the various examining boards, which now control the recognition of diplomas in an area containing about 41,000,000 people. A further impetus has been given by the rules adopted by the American Medical College Association, the National Eclectic Medical Association, and the National Institute of Homœopathy in regard to the time and subjects of medical education and in regard to preliminary education. The Chicago Medical College was the first medical institution in the United States to adopt the three-years' graded course for the study of medicine; this action was taken on June 4, 1868.

In regard to the preliminary education of medical men it must be said that the time-honored classical course is insufficient, and that much time is lost in the study of subjects that can be of no benefit to the medical man. The University of Pennsylvania, the University of Wisconsin, and Cornell, Johns Hopkins, Lake Forest, Northwestern, Princeton, and Yale universities now offer academic courses specially designed for students that propose to study medicine. The physician must study nature always; he must be a naturalist; for this work he should be prepared by scientific training. An attempt was recently made to establish a course preparatory to medicine in the University of Michigan, but the effort was unsuccessful. This was unfortunate, and the more so because by it the student could obtain the B. Sc. instead of the A. B. degree, which now amounts to but little

in this country. The plan was one by which the student could take the B. Sc. and M. D. degrees in six years, the former including studies that lead directly up to the study of medicine, besides French, German, English, mathematics, logic, rhetoric, and mental philosophy. Every medical man should have a special preliminary education.

The chief defects in the American system of medical education are: 1. Too little preliminary education, from which comes a lack of ability to grasp scientific principles. 2. Too much didactic work by the teachers. 3. Too little practical and clinical work by the students. 4. Too few tests of practical work. 5. Too short a time of actual work and study. Increasing the preliminary requirements and lengthening the time of study will remedy the other defects; and the application of the remedy will kill off the useless and low-class colleges. In Minnesota, Montana, and Washington every candidate for examination and license must have attended three courses of lectures. The same will be required by the California boards after April 1, 1891, by the Colorado board after July 1, 1893, in Illinois and Iowa after the session of 1890-91, and by the boards of examiners of New York after September 1, 1891.

The Illinois report, embracing the institutions and regulations of all countries, shows that, while there is a general movement in this country for four years' study and three courses of lectures, the General Medical Council of Great Britain and Ireland has decreed that every medical student beginning his medical studies after January 1, 1892, must be engaged in the study of medicine for five years. The first year may be passed at a teaching institution, recognized by the licensing bodies of the United Kingdom, where physics, chemistry, and biology are taught. Graduates in arts or science of any university recognized by the Medical Council, who shall have spent a year in the study of physics, chemistry, and biology, and have passed an examination in these subjects for the degrees in question, should be held to have completed the first of the five years of medical study. The General Medical Council will require that the fifth year be devoted to clinical work in one or more hospitals or dispensaries. The candidate for any medical degree in the United Kingdom must pass five examinations before he can receive the degree. In this way the final examination is almost wholly given up to clinical examinations on patients in the hospitals. These examinations are foreign to the schools and licensing bodies in the United States, and it will be a long step in advance when they are the rule in this country.

Both in Europe and in the South American republics medical education and the right to practise are on a higher plane than in this country. But we are now going forward at a good pace, and it is not too much to predict that during the present decade each State will have an efficient medical-practice act, and the rule in the colleges will be a high standard of preliminary and matriculation requirements, and *five years' study* and four courses of lectures. The door of quackery is being closed, not by the voluntary action of the colleges, but by wise legislation in the interests of the people.

WILLIAM G. EGGLESTON, M. D.

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#### A NATIONAL CHORUS.

AS THE time rapidly approaches when the civilized nations of the earth are expected to assist our country in its great Columbian World's Fair, evidence begins to accumulate showing that our people are expecting something of an extraordinary character in the art of music, as well as in the fine